BHEW Bulletin

December 2015

National Poison Control Call Data



The 2014 Annual Report of the American Association of Poison Control Centers' National Poison Data System (NPDS) was recently released (http://dx.doi.org/10.3109/15563650.2015.1102927). This is case data from 56 poison centers covering all 50 states as well as the US territories. In 2014, they fielded 2,165,142 human exposure calls. Data from this report is presented below.

The majority of poison control calls results from unintentional exposure (54%) and through ingestion (80%). "Intentional exposures accounted for 16.7% of human exposures. Suicidal intent was suspected in 11.2% of cases, intentional misuse in 2.5% and intentional abuse in 2.2%."

The substance categories most frequently found in adult (20+) exposures were

- Analgesics 12%
- Sedative/Hypnotics/Antipsychotics 10%
- Antidepressants 7%
- Cardiovascular drugs 6%
- Cleaning Substances (Household) 6%

Note that Alcohols was ranked sixth on the list at 5%. Children 5 and under were more likely to be exposed to substances such as cosmetics and cleaning supplies that were not intended for human consumption. Analgesics (9%) were the only substance in the top 5 for children that are normally consumed.

There were 1,173 fatalities associated with these calls. The first ranked substance in these fatalities was a pharmaceutical in 79% of these cases. The categories associated with the largest number of fatalities (across all ages) were

- Miscellaneous Sedative/Hypnotics/Antipsychotics 14%
- Miscellaneous Cardiovascular Drugs 13%
- Opioids 8%
- Miscellaneous Stimulants and Street Drugs 7%
- Miscellaneous Alcohols 6%

Note that the majority of fatalities were in adults (92%). The majority of adult fatalities were deemed to be intentional. This represents 52% as suspected suicides, 3% as intentional misuse and 11% as intentional abuse. Adolescents made up most of the remaining fatalities (5% of the total).

For more information please contact the BHEW at 314-516-8412 or susan.depue@mimh.edu

Behavioral Health

Epidemiology

Workgroup